Date	Section	Page(s)	Change
12-01-10	Cover	-	Replaced "Medicaid Provider Manual" with "South Carolina Healthy Connections (Medicaid)"
12-01-10	Appendices	-	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
12-01-10	Supplements	1	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
11-01-10	Appendix 1	8 16 32 51 52	<ul> <li>Edit code 202: added information to Resolution section</li> <li>Edit codes 421 and 424 deleted</li> <li>Edit code 733 information updated in Resolution section: "Adjust the net charge in field" changed from 26 to 29</li> <li>Deleted edit code 959</li> <li>Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13- 14, 18-19 6, 15-17	<ul> <li>Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	1	1 7	<ul> <li>Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010         <ul> <li>Changes to the Healthy Connections Kids (HCK) Program</li> </ul> </li> <li>Updated Program Description section</li> <li>Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated Freedom of Choice section</li> </ul>
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	-	Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010     Changes to the Healthy Connections Kids

Date	Section	Page(s)	Change
		1 2 3 4 5 6 13 17	<ul> <li>(HCK) Program</li> <li>Updated Managed Care Overview</li> <li>Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>Updated MCO Program ID card paragraph</li> <li>Updated MHN Program ID card paragraph</li> <li>Updated Core Benefits</li> <li>Updated Exempt Services</li> <li>Updated Overview</li> <li>Deleted "Medicaid Managed" from "Current Medicaid Managed Care Organizations" heading and following paragraph</li> </ul>
09-01-10	3	19 19-20 36	Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:  Companion Guides  South Carolina Medicaid Web-based Claims Submission Tool  Claim-Level Adjustments
09-01-10	5	5 8 11	<ul> <li>Removed County Commissioner's Building from the Aiken County address</li> <li>Deleted Dorchester County physical address telephone number</li> <li>Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9 -	<ul> <li>Added edit code 225</li> <li>Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul> <li>Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>
08-17-10	Cover	-	Corrected cover date

Date	Section	Page(s)	Change
08-01-10	2	2 3, 4 6 7 8 9 12 14 32	Updated the following sections:  Rehabilitative Services Overview Private Organizations New Provider Enrollment for Private Organizations Private Organization Requirements Reporting Changes Closure for a RBHS Provider Contents of the SCDHHS Medical Necessity Statement (MNS) Medical Necessity Billable Code/Location of Service
08-01-10	3	7-8	Updated modifiers
08-01-10	4	1-8	Updated modifiers
08-01-10	5	5, 9, 11-13 6	<ul> <li>Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>Updated the address for Barnwell County</li> <li>Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Forms	-	<ul> <li>Updated DHHS Form 254</li> <li>Corrected signature lines of Medical Necessity Statement for:         <ul> <li>Printed name of Physician and phone #</li> <li>Name of LIP, fax # of LIP, and NPI of referred LIP</li> </ul> </li> </ul>
08-01-10	Appendix 1	20 51, 52 59	<ul> <li>Deleted edit code 520</li> <li>Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>Changed resolution for edit code 994</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul><li>Updated edit code 714</li><li>Updated edit code 738</li></ul>
07-01-10	Appendix 2	21, 22, 25, 63,	Changed First Health to Magellan Medicaid Administration

Date	Section	Page(s)	Change
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